under the business name of Daryl Cox & Sons Inc. by (signature)

INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline of circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

Water Well Contractor's License No. ...359 ............. This Water Well Record was completed on (mo/day/yr) ....2/17/1984 .....